

**WASHINGTON STATE DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
VACCINE RETURN FORM**

Department of Health
Immunization Program
7745-C Arab RD SE
Olympia WA 98504-7545

Phone: (360) 236-3481
Fax: (360) 236-3597

Date: _____

LHJ _____

Returned by: _____ Telephone: () _____

Vaccine	Doses Returned	Manufacturer	Lot Number	Expired	Spoiled	Viable
DTaP						
DT (Pediatric)						
TD						
Hib						
PCV 7						
IPV						
MMR						
Hep B						
Hep A - (Pediatric)						
INFLUENZA						
INFLUENZA - PF						
PNEUMO 23						
VARICELLA						

Explain why expired, spoiled or other:

Corrective Action:

1) Please send form back with packaged vaccine.

2) Mark outside of shipping container with florescent green "Vaccine Enclosed" label.

DOH (REV 02/06)

